PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s),

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 fg 7590 08/16/200 Edmund P. Anderson Delphi Legal Staff Mail Code 480-414-420

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TROY, MI 48007-5052		EV 312961675 US			3454	- brish	4-	(Deposito	or's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		ENTOR		ATTORNEY DOCKET N	O. CON	FIRMATION	NO.
09/663,030	09/15/2000	Thaddeus Schroede		eder	DP-300792			1835	
TITLE OF INVENTION: P	IEZORESISTIVE TORQUE	E SENSOR		j	11/03/200	5 GWORDOF2 0000001	7 500831	09663030	
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400		\$0		\$1400		11/16/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS					
MORRIS, LESLEY D		3611		180-400000		•			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						1
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	REPRINTED ON T	THE PATENT (prin	( or type)		<del></del>			

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

4a. The following fee(s) are enclosed:	4b. Payment of Fec(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Authorized Signature S

Date 10-31-05

Typed or printed name Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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